Letting services flourish

Adrian O’Dowd reports on a recent conference in London to improve services for older people
The new government ministerial team has a long way to go to bring about real improvements in care for older people, a recent conference heard.

Several speakers at the ‘A positive approach to improving care for older people’ conference in London, spoke of the huge work ahead to help make services for older people approach what would be an acceptable standard.

Nurses and other healthcare professionals should seize the opportunity to get their views heard while the new ministers in government were in listening mode, said Age Concern’s director general Gordon Lisham. ‘We have the opportunity to take advantage of the listening environment just now and to get across some messages,’ he told the delegates at the conference organised by Healthcare Events.

‘There is an air of strong frustration at times, verging upon apoplectic anger, when I look at some of the things that haven’t changed over 35 years – things like discharge arrangements.’

Mr Lisham said that in secondary falls prevention, for example, there was huge potential for improvement, not only in preventing people from further pain and discomfort, but also in cash savings.

‘Provisional figures suggest that for an investment of no more than £20 million, you would actually recover £50 million in costs over the course of the first year,’ he said.

‘We know about falls and that people who have had a fall are likely to have another. We know that if you intervene after that fall and help find an underlying condition or diagnosis, you can look at their lifestyle and circumstances and make it less likely that it will happen again.’

Peter Crome, professor of geriatric medicine at Keele University and president of the British Geriatrics Society, said now was a good time to evaluate what had been achieved so far and what still needed to be done.

‘We are now five or six years into the National Service Framework (NSF) for Older People – just over halfway through what was conceived as a ten-year programme. We need to reflect on what has and has not been achieved.

‘I’d reflect that progress has been patchy and the “sexy” areas, such as acute stroke services, are the ones that have advanced the furthest. What has been the overall impact? It’s too early to tell. One has to wait 20 or 30 years to see whether this programme has produced a sustained improvement.

‘We still have difficulty in many of our hospitals ensuring that older people who need specialist services actually get them.’

Professor Crome said a recent survey carried out by the British Geriatrics Society into intermediate care services, yet to be published, had shown many limitations to their capacity. The survey, sent to geriatricians in all 164 acute trust in England, got responses from 61 trusts – a 37 per cent response rate.

It showed that, for intermediate care, just over a third (38 per cent) of trusts could provide night care; a quarter (24 per cent) could take referrals at weekends; a quarter (24 per cent) could start up care at weekends; and very few (16 per cent) could start care on bank holidays.

The attitude of the government sometimes left something to be desired, he added, as it was clear that older people were sometimes seen as little more than a burden to the NHS.

Professor Crome quoted a line from the recent NHS Annual Report from NHS chief executive David Nicholson which said: ‘By 2051, four million people in the UK will be over 85 – these are the high use/high cost group.’

Professor Crome said: ‘This is how older people are categorised by the NHS. There is no mention that this is a cause for celebration, but more a sense of blame for being around and using NHS resources that cost a lot of money.

‘There seems to be a culture that suggests that it’s older people’s fault for being ill and going into hospitals and causing problems.’

Linda Nazarko, consultant nurse for older people at Richmond and Twickenham PCT and a nurse lecturer, told delegates about how to manage and champion change at an organisational and ward level.

‘If we continue to provide care in the same old ways, we’ll get the same old unsatisfactory results,’ she said. ‘We need to do things differently. Clinical governance provides us with the tools to move practice forward and to offer care that enables.

‘Benchmarking is fantastic stuff. You measure your service against the best possible service, you work out where you are now and where you need to go. It’s a powerful tool to argue for extra resources.

‘We’ve made some progress, but we have an awful long way to go. We need to be fast at keeping up with our older patients’ needs. Nowadays we have sicker, more frail and more complex patients.’

Change was not easy, she said: ‘It needs people who constructively challenge practice and move people forward without devaluing what has gone before. Nurses need to know what acceptable standards are – this is where benchmarking is so valuable.

‘One of the things that makes me angry is the lack of recognition of care of older people as a specialty and Agenda for Change has done us no favours.

‘If you are managing a ward in an important specialty such as ITU or minor injuries, then you get put on a band 7, but if you happen to be looking after older people, then you get a band 6. It has short changed staff.

‘The best way to move practice forward is to go back to work and change things. You will not always succeed but the secret is to keep trying and you will get there.’

Joan Moorhouse, former chair of the Brighton and Hove City Council’s older people’s council (OPC) told the conference about the work of her organisation and how it was helping policy and decision makers to look at services from an older person’s perspective.

The OPC was created in 2003 and its members are assigned portfolios covering health, social care, housing, transport, planning, public safety, the environment, leisure and lifelong learning.

Members receive city council committee papers, can attend meetings, speak at meetings, and contribute to various city forums, steering groups and boards to give a voice for older people.
approach to ensuring older people get the trust and Julie Burdett, multi-professional champion in the medical directorate at the Trust, delegates heard.

at the University Hospitals of Leicester NHS people’s care and needs throughout an NHS assessed by the NHS to receive a hearing aid.

a reduction in the time people wait to be a new doctor’s surgery to be opened and thousands are in use.’ (see below)

Other successes included agreement for a new doctor’s surgery to be opened and a reduction in the time people wait to be assessed by the NHS to receive a hearing aid.

Complete integration of awareness of older people’s care and needs throughout an NHS organisation has proved to be a large success at the University Hospitals of Leicester NHS Trust, delegates heard.

Judith Evans, matron and older people’s champion in the medical directorate at the trust and Julie Burdett, multi-professional education lead there, explained their approach to ensuring older people get the care they need and the dignity and respect they deserve. The idea for an Older People’s Champions network grew out of the NSF for Older People in 2001. The network now had more than 300 champions who influence care at all levels from housekeepers focusing on nutritional needs to consultants improving care pathways in areas such as falls in older people.

Ms Burdett said: ‘Influenced by the champions successes, the trust committed to the creation of a “virtual” directorate, one that reached across the organisation’s existing directorates and beyond to community partners to further improve older people’s services.’

Dignity in care was at the heart of the trust’s new directorate of services for older people (DSOP), she added, and the DSOP communicated with the champions through a quarterly newsletter and a website on the trust’s intranet, which provides information, examples of best practice, and feedback on relevant developments.

‘The lack of recognition of care of older people as a specialty makes me angry’

staff feedback and the expertise of Trent dementia services.’

Further developments are planned, she added, saying that the DSOP will use the trust’s quarterly patient polling data to monitor the impact that champions are having on the perception that people feel their dignity is being respected in the trust, linked to the NHS patient survey results.

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Most older people take some form of medication. When an emergency arises – a collapse in the street, or a condition needing swift transfer to hospital – the first question that arises is: “What medication are you taking?” Frequently, the patient is in no condition to supply the information, and if a drug is administered which conflicts with the medication a serious situation could arise.

Brighton and Hove Older People’s Council recognised this problem and set about creating a card which all older people could carry in wallet or handbag listing drugs taken. The ambulance service was consulted. The pharmacy expert in the primary care trust (PCT) advised on content and layout.

As the Older People’s Council had no funds of its own, financial backing had to be found from the PCT, Help the Aged and the Co-op. Members of the older people’s council then installed dispensers and posters in every surgery and pharmacy in the city. We continually top these up which tells us that thousands of older people now carry the cards.

Brighton and Hove Older People’s Council came into existence in 2001. It reflected the situation in Denmark where all local authorities have to have an elected Seniors Council. Our council consists of nine members who are elected every four years using a specially compiled electoral roll of all local people who are aged over 60 years.

In Brighton and Hove this applies to more than 40,000 residents.

Although supported by the City Council, the Older People’s Council is an independent body. Its function is to advise the City Council and other public bodies like the NHS on services and facilities which affect the lives of older people in the city. Because of its status it has representatives on many important local bodies. It became involved when standards of care of older people in a local hospital made headlines. It is commenting on current changes in the NHS. The Older People’s Council discovered that patients with hearing problems were having to wait two years for a consultation and testing. This was unacceptable. Working with local MPs and the hospital authorities that time delay has been reduced.

Bob Gunnell (pictured) is vice chair of Brighton and Hove’s Older People’s Council